KING EDWARD STREET MEDICAL PRACTICE HEALTH QUESTIONNAIRE (CONFIDENTIAL)

SURNAME: …… **FORENAMES:** …… **M** ☐ **/ F** ☐

DATE OF BIRTH: …… ***STATUS:** Single ☐ / Married ☐ / Divorced ☐ / Widowed ☐

ADDRESS: …… **POST CODE:** …….

TEL NO: Home: ……..…… **Work:** ……..……..…… **Mobile:** ……..……

OCCUPATION: …….

PLEASE LIST SERIOUS ILLNESS, ACCIDENTS AND OPERATIONS BELOW: (Continue overleaf if necessary)

Year	**Condition**

ARE YOU CURRENTLY UNDER THE CARE OF A HOSPITAL SPECIALIST? IF SO, PLEASE GIVE DETAILS:

ARE YOU CARED FOR BY ANYONE? ……

ARE YOU A CARER FOR ANYONE? ……..……

DO YOU CURRENTLY HAVE, OR HAVE EVER SUFFERED FROM ANY OF THE FOLLOWING?
Please tick.

Glaucoma		Diabetes		Asthma		Hay fever		Cancer		Heart attack/ failure	
Osteoporosis		CKD		Bronchitis		Eczema		Hypothyroidism		High blood pressure	
Dementia		Epilepsy		COPD		Depression		Stroke / TIA		Atrial Fibrillation	

IF ANY OF YOUR PARENTS OR SIBLINGS HAVE, OR HAVE EVER SUFFERED FROM ANY OF THE FOLLOWING?
Please Tick.

Glaucoma		Diabetes		Asthma		Hay fever		Cancer		Heart attack/ failure	
Osteoporosis		CKD		Bronchitis		Eczema		Hypothyroidism		High blood pressure	
Dementia		Epilepsy		COPD		Depression		Stroke / TIA		Atrial Fibrillation	

ARE YOU ALLERGIC TO ANYTHING? …….

ARE YOU TAKING ANY DRUGS OR MEDICINE PRESCRIBED BY A DOCTOR? Please give details below or detail overleaf.

Medicine/Tablets	**Dose or Strength**	**Times taken daily**

ARE YOU TAKING ANY MEDICINES NOT PRESCRIBED BY A DOCTOR? If so please specify.

HAVE YOU BEEN IMMUNISED AGAINST THE FOLLOWING? Please tick and give dates if possible.

Diphtheria		Polio		Tetanus		Whooping Cough		Polio Booster		Tetanus Booster	
Rubella		Measles		Hepatitis B		Cholera		Typhoid		Others	

DO YOU HAVE A MAJOR DISABILITY? ……

DO YOU HAVE ANY PROBLEMS (eg EMPLOYMENT, HOUSING MARITAL, RELATIVES NEEDING SPECIAL CARE ETC)?

……

……..

HAVE YOU BEEN GIVEN INFORMATION ABOUT THE 'SUMMARY CARE RECORD'
INCLUDING HOW TO OPT OUT IF YOU WISH? Yes ☐ / No ☐

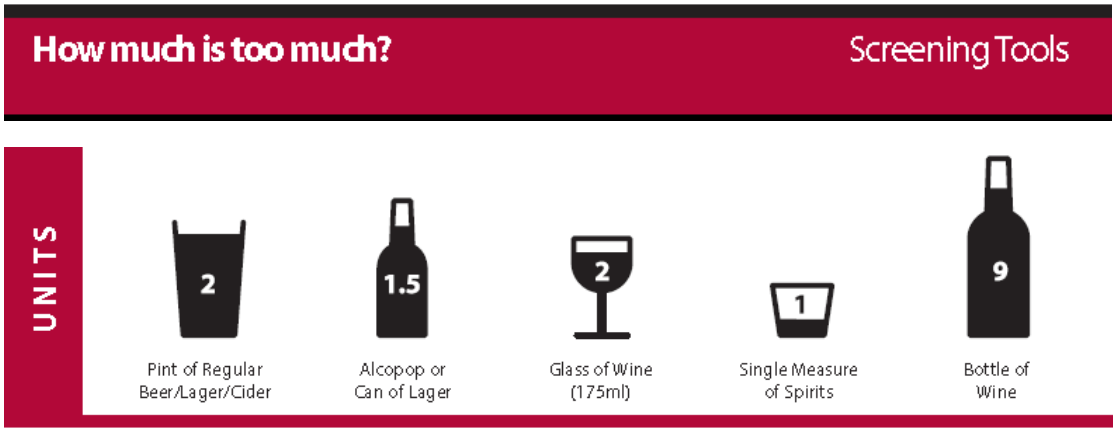
PTO

HEALTH QUESTIONNAIRE (CONTINUED)

Alcohol Users Disorders Identification Test (AUDIT) C

Questions	Scoring System 0	1	2	3	4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking



DO YOU SMOKE? Yes ☐ / No ☐ **If yes since when?** …… **How many per day?** …… **Given up – when** … …….

HEIGHT: …… **WEIGHT:** …… ……

DO YOU EXERCISE REGULARLY? Yes / No **If yes what and how often?** ……

WHEN DID YOU LAST HAVE YOUR BLOOD PRESSURE TAKEN? ……..

WHAT LANGUAGES DO YOU SPEAK?.....

WOMEN ONLY

HOW MANY PREGNANCIES HAVE YOU HAD? …… **ANY PROBLEMS?** …….

ARE YOU TAKING ORAL CONTRACEPTIVES? Yes / No

WHEN DID YOU LAST HAVE A CERVICAL SMEAR? …….. **RESULT?** ……

You will receive an invitation from the national screening programme when you are eligible for an NHS cervical smear test. We can only stop or amend these invitations if we are provided with an official copy of your last smear result.

Signed …….. Date ……..

IF YOU ARE ATTENDING HOSPITAL APPOINTMENTS, PLEASE MAKE SURE THAT THE HOSPITAL KNOWS THAT YOU HAVE CHANGED YOUR GP PRACTICE AND HAS OUR CORRECT ADDRESS FOR ANY CORRESPONDENCE – SEE BELOW.

King Edward Street Medical Practice, 9 King Edward St, Oxford OX1 4JA – THANK YOU

ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality (CRE) and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background. Thank you for completing this.

A White

	British
	Irish
	Any other white background please write below:

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below:

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below:

D Black or Black British

	Caribbean
	African
	White and Asian
	Any other black background please write below:

E Chinese or other ethnic group

	Chinese
	Any other please write below

Please tell us what your first spoken language is.

My first language spoken is: .....